

PLEASE TYPE OR PRINT WITH A BALLPOINT PEN.

USE BLACK INK ONLY

Please check appropriate copy: _____ STATE _____ PLACE OF BIRTH _____ PLACE OF RESIDENCE

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
(MAINE ACKNOWLEDGMENT OF PATERNITY PROGRAM (MAPP)
(as authorized by Title 22 MRSA §2761, sub§4)

We, _____, and _____
(Full Name of Father) (Full Name of Mother)

acknowledge that _____, Father's Birth Date _____
(Full Name of Father) (Month, Day, Year)

Is the natural father of _____, born in _____,
(Full Name of Child as shown on Certificate of Birth) (City or Town)

on _____ to _____
(Month, Day, Year) (Full Name of Mother)

Mother's Social Security Number: _____ State of Birth: _____

Father's Information:

Father's Social Security Number: _____ State of Birth: _____

Race: _____ Ancestry: _____ Education (years): _____

Employment:

Type of Business: _____

Most Recent Occupation: _____

Name of Company: _____

The 'Information About Voluntary Acknowledgement of Paternity' form (SEE REVERSE SIDE) must be read before completing and signing or this form will not be processed.

The 'Information About Voluntary Acknowledgment of Paternity' form must be read to each parent before it is signed and notarized.

1. A voluntary acknowledgement of paternity means that the parents freely admit who is the biological father of the child(ren). If you do not know who is the father of the child(ren), you should seek genetic testing.
2. You, as the parent(s), have the right to talk with an attorney before signing.
3. By signing, you will give the child(ren) a legal record identifying each parent. This will enable the child(ren) to get access to social security or veteran benefits, inheritance rights, life insurance and access to health insurance and medical information.
4. You, as the parent(s), have 60 days after signing a voluntary acknowledgment of paternity to change your mind and remove it with a rescission form. **Once the 60 days have passed**, it can only be removed by going to court and proving that it was signed on the basis of fraud, duress or material mistake of fact.
5. A voluntary acknowledgment of paternity does not involve custody or visitation rights. Parents must go to court for these.
6. Once you have signed this document, you, the parent(s), will be legally responsible for financially supporting the child(ren) until at least age 18, and until age 19 if still in high school once you have signed. You the parent(s) may also be required to pay for past medical expenses, birth expenses and child support for the child(ren).
7. It is a crime for you to sign this form knowing that the man signing is not the biological father of the child(ren).

I have been informed and understand my rights and responsibilities in signing a voluntary acknowledgment of paternity for _____

(Full Name of Child as shown on Certificate of Birth)

born on _____

(MO, DAY, YR)

(Signature of Father)

Address of Father _____

Dated this day _____

(Month, Day, Year)

Personally appeared before me the above-named and made
oath to the truth of the foregoing statements:

(Signature of Notary Public/Municipal Clerk)

My term expires: _____

State of _____

County of _____

City/Town of _____

(Signature of Mother)

Address of Mother _____

Dated this day _____

(Month, Day, Year)

Personally appeared before me the above-named and made
oath to the truth of the foregoing statements:

(Signature of Notary Public/Municipal Clerk)

My term expires: _____

State of _____

County of _____

City/Town of _____